

**APPLICATION TO THE ARKANSAS STATE BOARD OF EMBALMERS AND FUNERAL DIRECTORS
FOR REGISTRATION AS A STUDENT FUNERAL DIRECTOR**

(Office Use Only)

No. _____

Soc. Sec. # _____

Date _____

Have you ever been convicted of a felony? _____ If yes, please attach explanation

Representing myself to be of good moral character, I hereby make application for registration as a Student Funeral Director to the Arkansas State Board of Embalmers and Funeral Directors.

Name _____

Address _____ City _____ State _____ Zip _____

Date of Birth _____ Sex _____

I have completed a High School course of Education at _____
(Name of School)

*******Attach a Copy of High School Diploma or Equivalent**

I will be employed by _____
(Name of Funeral Home)

Address _____ City _____ State _____ Zip _____

I will serve under the following Funeral Directors:

Name of Funeral Director _____	License # of Director _____	Address _____
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Name of Funeral Director _____	License # of Director _____	Address _____
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Name of Funeral Director _____	License # of Director _____	Address _____
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Name of Funeral Director _____	License # of Director _____	Address _____
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I hereby certify that all information and statements contained within this application are true to the best of my knowledge and belief.

Applicant Signature

State of _____

County of _____

Subscribed and sworn before me this _____ Day of _____

Year of _____.

Notary Public

My commission expires: _____

PLEASE READ INSTRUCTIONS SHEET TO INCLUDE ALL REQUIRED MATERIAL.

Mail application to: Arkansas State Board of Embalmers & Funeral Directors
101 E. Capitol, Suite 113
Little Rock, AR 72201